

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐Check if different  
than previously  
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00170258

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☒

Special (30S)

Election on

03

31

2009

in the  
State of

NY

5. Covering Period

01

01

2009

through

04

20

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg Dykstra

Signature of Treasurer

Electronically Filed by Gregg Dykstra

Date

04

30

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	4	2	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		31031.58
(b) Cash on Hand at Beginning of Reporting Period .....	31031.58	
(c) Total Receipts (from Line 19) .....	88255.93	88255.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	119287.51	119287.51
7. Total Disbursements (from Line 31) .....	61052.36	61052.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58235.15	58235.15
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	4

D	D
2	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	53748.67	53748.67
(i) Itemized (use Schedule A) .....	17991.58	17991.58
(ii) Unitemized .....	71740.25	71740.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	16500.00	16500.00
(c) Other Political Committees (such as PACs) .....	88240.25	88240.25
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	15.68	15.68
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	88255.93	88255.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	88255.93	88255.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	452.36	452.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	452.36	452.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59500.00	59500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1100.00	1100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1100.00	1100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61052.36	61052.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61052.36	61052.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	88240.25	88240.25
34. Total Contribution Refunds (from Line 28(d)) .....	1100.00	1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87140.25	87140.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	452.36	452.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	452.36	452.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: c802de86de67604d983

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: dc2819e25f1869536eb

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: a20ed7f64393a803d0f

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: f3baefaac957c6c8f11

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 0d06df1c1c32d7c4cee

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 4060d0eeac97b053fb1

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Roberta Alsworth

Mailing Address 1285 Highway 15 South

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairmont Farmers Mutual  
Insurance Comp

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: 4d9d38f2effb5fdaabe

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

David L. Anderson, Cpcu, Pfmm

Mailing Address PO Box 276

City

Canton

State

SD

Zip Code

57013-0276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farm Mutual Insurance Com-  
pany of Linco

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: 5b1ae99ff061feb1c55

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.51

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: 1cccca512b2bc77bb36

Amount of Each Receipt this Period

115.39

**SUBTOTAL** of Receipts This Page (optional) .....

1415.39

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: f16c808e388385d9170

Amount of Each Receipt this Period

115.39

**B.**

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: 0b11b4a6e4b6d1e1b5f

Amount of Each Receipt this Period

115.39

**C.**

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 4cc1f64288cca1af8f2

Amount of Each Receipt this Period

115.39

**SUBTOTAL** of Receipts This Page (optional) .....

346.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.51

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 6b173a1698da70dd6f4

Amount of Each Receipt this Period

115.39

**B.**

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.51

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 435848cfa2ff37b157f

Amount of Each Receipt this Period

115.39

**C.**

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.51

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 6ab24c443f8eadef951

Amount of Each Receipt this Period

115.39

**SUBTOTAL** of Receipts This Page (optional) .....

346.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.51

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: 1ba1fee67e332b354b1

Amount of Each Receipt this Period

115.39

**B.**

Full Name (Last, First, Middle Initial)

John J. Bishop, Cpcu, Clu

Mailing Address 471 East Broad Street

City

Columbus

State

OH

Zip Code

43215-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Motorists Mutual Insurance Company

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 384288e7587f75c94ae

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

James Boland

Mailing Address One Park Circle

City

Westfield Center

State

OH

Zip Code

44251-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westfield Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 9

Transaction ID: 46a2a9306706274dc53

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3115.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick Bradley, Cpcu

Mailing Address PO Box 7008

City

Macon

State

GA

Zip Code

31209-7008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Farm Bureau Mutual  
Insurance C

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 9

Transaction ID: ace76ebd2fd6cd17460

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert P. Brady

Mailing Address 633 Shiloh Pike

City

Bridgeton

State

NJ

Zip Code

08302-1452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cumberland Mutual Fire In-  
surance Compa

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 85ffbcdc8b3c5d3157b

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Chris P. Brown, Pfmm

Mailing Address 2220 Lacy Drive

City

Junction City

State

KS

Zip Code

66441-7574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upland Mutual Insurance,  
Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: 3f1f2bf88fb62a57005

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

John A. Bykowski

Mailing Address PO Box 819

City

Appleton

State

WI

Zip Code

54912-0819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SECURA Insurance, A Mutual  
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

Transaction ID: 2eded00f89c5594d042

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas E. Callanan

Mailing Address PO Box 571918

City

Salt Lake City

State

UT

Zip Code

84157-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advantage Workers' Compen-  
sation Insura

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 1198d860d42b00ccbf

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Carmack

Mailing Address 1510 North Elms Road

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer State Mutual Insu-  
rance Company

Occupation

Director of Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

Transaction ID: 5325372da9e0ce489b2

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Peter M. Cazzolla

Mailing Address PO Box 3110

City

Monterey

State

CA

Zip Code

93942-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Capital Insura-  
nce Company

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 59c45b18cfaff7cf6a9

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jay W. Chadwick

Mailing Address PO Box 7

City

Wyalusing

State

PA

Zip Code

18853-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuscarora Wayne Mutual In-  
surance Compa

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: 8b1914759385b386336

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: 6b88460a9821f0490db

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

590.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: a3e7ba673d2bf7b239

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: bcae9c94a298770fdd2

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 54483ac65d93024a87b

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 0a67a262491fd9c9e4c

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 9f3078426910a0d4765

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Chapin

Mailing Address PO Box 7

City

Wyalusing

State

PA

Zip Code

18853-0007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tuscarora Wayne Mutual In-  
surance Compa

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: 57aba6d54445bf9987d

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul M. Cloonan

Mailing Address 85 Benvenue Street

City

Wellesley

State

MA

Zip Code

02482-7421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 699dd18d693d98d731a

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Connie Costigan

Mailing Address PO Box 597

City

Warrensburg

State

MO

Zip Code

64093-0597

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Mutual Insurance  
Company

Occupation  
Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: 85fd1598e9d4bf51a3b

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Rebekah L. Deters

Mailing Address PO Box 207

City

Teutopolis

State

IL

Zip Code

62467-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home Farmers Mutual Fire  
Insurance Com

Occupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: cc3c73e279e6a8150cf

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas A. Dials

Mailing Address 550 Eisenhower Road

City

Leavenworth

State

KS

Zip Code

66048-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Armed Forces Insurance Ex-  
change

Occupation

Chairman/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: 06ee6f5b31e907417f6

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Dierks

Mailing Address PO Box 59

City

Traer

State

IA

Zip Code

50675-0059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Insurance  
Association

Occupation

Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: 098412891afd55bdd06

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Dodds

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lititz Mutual Insurance  
Company

Occupation

Legal/Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: b67e28870ff42b67992

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

John W. Duncan

Mailing Address PO Box 398

City

Cherry Valley

State

IL

Zip Code

61016-0398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Reinsurance Bureau

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: 2355e0785b11171972d

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: d4a99a36f685beaad77

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 308f2b6ed05be646131

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional) .....

1068.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: c1d0b7f7b57db94c2be

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: d9579e725a510515c51

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: 5d746ac46506b1bddd

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional) .....

115.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Pam Emmendorfer

Mailing Address 1510 North Elms Road

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer State Mutual Insu-  
rance Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President of Human Resources

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

Transaction ID: 328c6f15d0b6ce965d6

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Fine

Mailing Address 100 Chestnut Street

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bilrite Corporation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

President

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: b446bfe0b74168e38cd

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Stephan Firko

Mailing Address One Commerce Square  
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: b08fb69e0dccb707b3d

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Bernard M. Flynn

Mailing Address 301 Sullivan Way

City

West Trenton

State

NJ

Zip Code

08628-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Manufacturers  
Insurance Com

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

Transaction ID: 8099926179534cb8dd6

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Kurt P. Foley

Mailing Address 1510 North Elms Road

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer State Mutual Insu-  
rance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

Transaction ID: bbb7ebbc8ac518651a9

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Henry R. Gibbel

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lititz Mutual Insurance  
Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 09b621561b89afc9acc

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Henry H. Gibbel

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lititz Mutual Insurance  
Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 84d5565b031b446e031

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

John R. Gibbel

Mailing Address PO Box 16

City

Lititz

State

PA

Zip Code

17543-0016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lititz Mutual Insurance  
Company

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: cba5367c2507bfe510c

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 26213d32bf6d82c7e51

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional) .....

1438.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: e229df66ba672e618ab

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: a82d6d97cba7e55b5fe

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Gordon H. Gingrich

Mailing Address 1510 North Elms Road

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer State Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

Transaction ID: ecb74971d49be1c6446

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

326.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Harlan W. Gingrich

Mailing Address 1510 North Elms Road

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer State Mutual Insu-  
rance Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

Transaction ID: 3d90dc01feec0aa933f

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph A. Giovino

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: b119b9a6bf9c847eeaf

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas A. Gosse

Mailing Address PO Box 419

City

Irvington

State

VA

Zip Code

22480-0419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Neck Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 659a54f5c1131b902c4

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Jonathan C. Grether, Cpcu

Mailing Address PO Box 370

City

Algona

State

IA

Zip Code

50511-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacists Mutual Insurance Company

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 3dcb9260396d4db39bb

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Hallman

Mailing Address PO Box 5001

City

Westfield Center

State

OH

Zip Code

44251-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Farmers Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: ad434d4a8574617b468

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Clifford R. Hanson

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Star Mutual Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: d6f123abe7718559101

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Warren W. Heck

Mailing Address 200 Madison Ave

City

New York

State

NY

Zip Code

10016-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater New York Mutual  
Insurance Comp

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: 1468f071ce0a98a133b

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

John T. Hill, II, CPA

Mailing Address 1 Park Avenue

City

New York

State

NY

Zip Code

10016-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Magna Carta Companies

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: f9b2c9e3232c19d13a2

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Joe E. Hoff, Cpcu

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Star Mutual Insuran-  
ce Company

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: e037412d8ba8ce9444b

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

David Hollander

Mailing Address One Park Circle

City

Westfield Center

State

OH

Zip Code

44251-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westfield Insurance Compa-  
ny

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 02bc587945ca3ef127a

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: 3c4cb0bd17a37cace4c

Amount of Each Receipt this Period

76.93

**C.**

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: e78dc6af42fbbc20170

Amount of Each Receipt this Period

76.93

**SUBTOTAL** of Receipts This Page (optional) .....

653.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.37

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 92340a7158cf5016937

Amount of Each Receipt this Period

76.93

**B.**

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.37

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: ece72d73ada2fdc4e88

Amount of Each Receipt this Period

76.93

**C.**

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.37

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: dedf04db68c644d912c

Amount of Each Receipt this Period

76.93

**SUBTOTAL** of Receipts This Page (optional) .....

230.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.37

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 70cac8aa82f4c83d815

Amount of Each Receipt this Period

76.93

**B.**

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.37

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: fccb6174efd15792087

Amount of Each Receipt this Period

76.93

**C.**

Full Name (Last, First, Middle Initial)

Mike Horvath

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

Transaction ID: e6a805452e4de31e91b

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

403.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Priscilla Hughes, Pfm

Mailing Address 139 W Highway 14

City

Tyler

State

MN

Zip Code

56178-9495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hope Mutual Insurance Com-  
pany

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 86eff3a892a9c148209

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald E. Hurd

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: eaa1a816d0236ee921a

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Insley

Mailing Address One Park Circle

City

Westfield Center

State

OH

Zip Code

44251-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westfield Insurance Compa-  
ny

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 0 9

Transaction ID: 057148a1b084d4e8f82

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregory D. Johnson

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Star Mutual Insuran-  
ce Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: b5ddfc1d3bf993ef24e

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Frank P. Kellner, III

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance  
Company

Occupation  
Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: 2be44bb5a0ecb65eb75

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James J. Kennedy, Cpcu, Lutc

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Com-  
pany

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 13f3f400f3cb307f03d

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Steve J. Knutson

Mailing Address PO Box 308

City

Esko

State

MN

Zip Code

55733-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAM Mutual Insurance Comp-  
any

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: 252b9939b923c2ee2d7

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joe R. Liddle

Mailing Address PO Box 1070

City

Galax

State

VA

Zip Code

24333-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grayson Carroll Wythe Mut-  
ual Insurance

Occupation  
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: a5d4cd7023f02afe821

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Linkous

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: 30ff6af01a6210823a8

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott A. Lutz

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lititz Mutual Insurance  
Company

Occupation

Claims Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: e022596379c6f53f7ff

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey L. Mauland, Cpcu

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Star Mutual Insuran-  
ce Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: 54dd5e77a498390ab90

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.71

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 0fa6b4682f6cf60aff0

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional) .....

538.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 624d281bf9bff84275b

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: 460cad2fb605e542b6

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Gerard T. McDermott

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual Fire Insurance

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

Transaction ID: 8eac5a374ce08251282

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

576.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph M. McGurrin, Jr.

Mailing Address 170 South Independence Mall West

City

Philadelphia

State

PA

Zip Code

19106-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: 8a520f91df5f34506be

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.15

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 39f405270ad3fc92032

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.15

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: f86c5237f9372d25b0e

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

326.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: caf910d74ec158ba55c

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: e1f1a291617f995b591

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Arthur L. Meadows

Mailing Address R.D. #1, Box 166-A

City

Moundsville

State

WV

Zip Code

26041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pan Handle Farmers Mutual Insurance Co

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 9

Transaction ID: 27ed2885a2b43896e9c

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

326.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald E. Mitchell

Mailing Address PO Box 63

City

Sprague

State

NE

Zip Code

68438-0063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olive Branch Insurance Co-  
mpany

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 8cdc500315530a5063b

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Glenn E. Niinimaki

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: fd5aa8461344a7a6cc5

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert F. Ohler

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 55d63e62d5da1c1eedc

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Tony Paris

Mailing Address 1510 North Elms Road

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer State Mutual Insu-  
rance Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

Transaction ID: 7fc476bceee3a6a38d1

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Vice President-Government Affai

Aggregate Year-to-Date ▼

289.50

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: 1fbb0d253deca7b2665

Amount of Each Receipt this Period

96.50

**C.**

Full Name (Last, First, Middle Initial)

John A. Paul, Pfmm

Mailing Address 127 Pearl St

City

Council Bluffs

State

IA

Zip Code

51503-0824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Iowa Mutual Insur-  
ance Associat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

President

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: 8c0b4b7c683e1b4bb1f

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

896.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

John A. Paul, Pfrmm

Mailing Address 127 Pearl St

City

Council Bluffs

State

IA

Zip Code

51503-0824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Iowa Mutual Insur-  
ance Associat

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 8e331e35180d69bbb2b

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory Petrini

Mailing Address 222 Ames St  
PO Box 9109

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: a1b1b72dfb83bf48461

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

June Poole, A.I.A.F.

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance  
Company

Occupation  
Vice President & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 7c2dfe28fb4501e424c

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Curt Preim

Mailing Address 1285 Highway 15 South

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairmont Farmers Mutual  
Insurance Comp

Occupation

Loss Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: 78b8f452cad11ceafbd

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Richard A. Rasmussen

Mailing Address PO Box 30060

City

Lansing

State

MI

Zip Code

48909-7560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michigan Millers Mutual  
Insurance Comp

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 9

Transaction ID: 21679759a0c565c309e

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael T. Rivard

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: ca8b63f666dd7aa3f88

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Assurance Society  
of Virginia

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 9

Transaction ID: dcd38d885f0c63eaa0b

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Assurance Society  
of Virginia

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 7e643e19a2e1cf89e46

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Assurance Society  
of Virginia

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

Transaction ID: abe4c9aa774ca7d7622

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Timothy B. Salge

Mailing Address 309 East San Antonio Street

City

New Braunfels

State

TX

Zip Code

78130-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Fire Insur-  
ance Associat

Occupation

President/General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: fb11f7fa1959bac632d

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Larry D. Sauder

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lititz Mutual Insurance  
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 8f05202c03490ae43f5

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Gerald P. Schmidt, Cpcu

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insura-  
nce Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: 095eb15b1ec395e45d0

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Kurt H. Seelbach, CPA, Cpcu

Mailing Address 550 Eisenhower Road

City

Leavenworth

State

KS

Zip Code

66048-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Armed Forces Insurance Ex-  
change

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: 03041c5deb0a9c2ed8d

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher G. Shipe, Cpcu, Ait

Mailing Address PO Box 58

City

Waterford

State

VA

Zip Code

20197-0058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loudoun Mutual Insurance  
Company

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: 5dea661812e72a1ae24

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

David G. Simmons

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance  
Company

Occupation  
Vice President, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 7026459c98bf4b8fd8c

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

John K. Smith, Crm, Cic,

Mailing Address One Commerce Square  
2005 Market Street

City State Zip Code  
Philadelphia PA 19103-7008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: e3916b1c4f937a791c1

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

John K. Smith, Crm, Cic,

Mailing Address One Commerce Square  
2005 Market Street

City State Zip Code  
Philadelphia PA 19103-7008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: e6fbf89024fd33a57f8

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

John K. Smith, Crm, Cic,

Mailing Address One Commerce Square  
2005 Market Street

City State Zip Code  
Philadelphia PA 19103-7008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: ac77779297cef79f2a2

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard R. Smith

Mailing Address PO Box 1020

City

Germantown

State

WI

Zip Code

53022-8220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Germantown Mutual Insuran-  
ce Company

Occupation

Chairman President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 633ce9f85a555d59ac1

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Snodgrass

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Star Mutual Insuran-  
ce Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: 229a07bf3de8897d210

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Phillip Spencer

Mailing Address PO Box 26

City

Mendon

State

MO

Zip Code

64660-0026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chariton County Mutual In-  
surance Compa

Occupation

Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 500a489351dda829a33

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

John R. Spielberger

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance  
Company

Occupation

Senior Vice President/General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: 2bb4f03594dea1cd1bb

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joy N. Starkey

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Assurance Society  
of Virginia

Occupation

Underwriting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: 99ebdf490d5d065657f

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lydia Stephan

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lititz Mutual Insurance  
Company

Occupation

Vice President - Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 0fa928687841262fe9f

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Bruce D. Thomas, Pfm

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Mutual Insurance  
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 93aefb3ababe2aa5399

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce D. Thomas, Pfm

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Mutual Insurance  
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: a25a41e57e13bfe6bbb

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joyce C. Thomas

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance  
Company

Occupation

Vice President & Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 56e4ed88bdb6704f4d

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: f2bc0951599048ef904

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 9712a0f77a13701cbd2

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 21493372a4172a5043d

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

117.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: f26707dd82a4634bd80

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Ellen S. Truant

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance Company

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 144335753da4b8ac8af

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Tukul

Mailing Address 4000 Town Center  
Suite 1250

City

Southfield

State

MI

Zip Code

48075-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Locomotive Engineers and Conductors Mu

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 530711d5ce5656ce7a0

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1289.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan Tukul

Mailing Address 4000 Town Ctr  
Ste 1250

City State Zip Code  
Southfield MI 48075-1407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Locomotive Engineers and  
Conductors Mu

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: a9190cd7d2c8e2e72b8

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

William H. Wallace

Mailing Address 404 East Woodlawn Avenue

City State Zip Code  
Hastings MI 49058-1005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hastings Mutual Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: 16a95b9384f82e12ace

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Terry H. Wendorff, Cpcu

Mailing Address PO Box 7988

City State Zip Code  
Madison WI 53707-7988

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wisconsin Reinsurance Cor-  
poration

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 9

Transaction ID: 50a5ac414534b22efcd

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert A. White, Cic, Arm,

Mailing Address 1000 Revolution Mill Drive  
Studio 1

City Greensboro State NC Zip Code 27405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alliance Mutual Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: 463919c9c98085b82ea

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Wayne F. White, CPA, Pfmm

Mailing Address PO Box 860

City Bryant State AR Zip Code 72089-0860

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Farmers Union Mutual Insu-  
rance Company

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: c901b4729570c53b89f

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Frankenmuth Mutual Insura-  
nce Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 1b309696cc9a4a69aac

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

1789.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: df31c776dc508b6b9f8

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 815fc7e8582caaaffba

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: cd27c5a09779b721d02

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

117.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Workman

Mailing Address One Park Circle

City

Westfield Center

State

OH

Zip Code

44251-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westfield Insurance Compa-  
ny

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 58723f689847922bd9c

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Yeager

Mailing Address 1047 W Hamilton St

City

Allentown

State

PA

Zip Code

18101-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Insurance Company  
of Lehigh Cou

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: b9e89537d1b1ed669ae

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Jerry Zenke, Pfmm

Mailing Address 42846 County Road 12

City

Dakota

State

MN

Zip Code

55925-4094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mound Prairie Mutual Insu-  
rance Company

Occupation  
General Manager/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 4f7ab3e6d65a9d815b3

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven R. Zoss

Mailing Address PO Box 276

City

Canton

State

SD

Zip Code

57013-0276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farm Mutual Insurance Com-  
pany of Linco

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 03a290c7a5b01c939c2

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

53748.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 70

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Farmers Mutual Hail Ins Co of Iowa Political Action Committee (FMH PAC)

Mailing Address 6785 Westown Parkway

City

State

Zip Code

West Des Moines

IA

50266

FEC ID number of contributing  
federal political committee.

**C** C00117614

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

Transaction ID: 866de51e111b7a195cc

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Grange Mutual Casualty Company Pac

Mailing Address 671 S High Street

City

State

Zip Code

Columbus

OH

43206

FEC ID number of contributing  
federal political committee.

**C** C00302695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 910ead57695f990df44

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Motorists Mutual Insurance Company Civic Fund

Mailing Address 471 E Broad St

City

State

Zip Code

Columbus

OH

43215

FEC ID number of contributing  
federal political committee.

**C** C00336834

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: bb146b0928a795231d2

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 70

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

State Auto Employees Fed Pac Committee of State Automobile Mutual Insurance Company

Mailing Address 518 East Broad Street

City

State

Zip Code

Columbus

OH

43215

FEC ID number of contributing  
federal political committee.

**C** C00430884

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 29f8bfad9cedf0a81f4

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Westfield Employee Federal Political Action Committee of Ohio Farmers Insurance Company

Mailing Address One Park Circle  
PO Box 5001

City

State

Zip Code

Westfield Center

OH

44251

FEC ID number of contributing  
federal political committee.

**C** C00376863

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: c9231e8fe1155a91ac7

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

16500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 / 70

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 600bee86cfc6c79ef8c

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 156e5f6bc91de7d7bb4

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Amount of Each Disbursement this Period

280.59

SUBTOTAL of Disbursements This Page (optional) .....

400.59

TOTAL This Period (last page this line number only) .....

400.59

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Akaka in 2012	<b>Transaction ID:</b> 32064-59367007017136 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3129	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	0	9												
City Honolulu State HI Zip Code 96802	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name Daniel K. Akaka	<table border="1"> <tr> <td colspan="10">-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	<b>Transaction ID:</b> e94b034e179b2495573 <b>Date of Disbursement</b>																				
Mailing Address 6849 Old Dominion Drive Suite 222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
City McLean State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2009 Contribution Candidate Name Blue Dog Political Action Committee	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Boyd for Congress	<b>Transaction ID:</b> 753fd7c04e0448cbdcb <b>Date of Disbursement</b>																				
Mailing Address PO Box 15703 PO Box 15703	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	0	9												
City Tallahassee State FL Zip Code 32317	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Candidate Name F. Allen Boyd, Jr.	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charlie Melancon Campaign Committee Inc

Mailing Address PO Box 549  
PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement  
2010 Primary

Candidate Name  
Charlie Melancon

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: 8f3eae73bf7073287c6

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Chris Lee for Congress

Mailing Address PO Box 15395

City Rochester State NY Zip Code 14615

Purpose of Disbursement  
2010 Primary

Candidate Name  
Christopher John Lee

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: ce77e9054bdff360809

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Citizens for Bunning

Mailing Address 1717 Dixie Highway Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement  
2010 Primary

Candidate Name  
Jim Bunning

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 8cfcadfc6604b5fcaec

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Nydia M. Velazquez To Congress

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
2010 Primary

Candidate Name  
Nydia M. Velazquez

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 12

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 115c747618659c8a83f

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2010 Primary

Candidate Name  
Joseph Crowley

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 07

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: e4541c71ac062a45875

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Demint for Senate Committee Inc

Mailing Address PO Box 12425

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
2010 Primary

Candidate Name  
Jim DeMint

Office Sought: ☐ House  
☒ Senate  
☐ President

State: SC District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: c7e0f64cb49bc10790d

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald A. Manzullo for Congress

Mailing Address PO Box 7783  
PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement  
2010 Primary

Candidate Name  
Donald A. Manzullo

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: 0737de370b2ec294952

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Driehaus for Congress

Mailing Address 650 Fox Trails Way

City Cincinnati State OH Zip Code 45233

Purpose of Disbursement  
2010 Primary

Candidate Name  
Steven L. Driehaus

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: 56793d809a6a0dfc9d7

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Charlie Wilson

Mailing Address PO Box 61

City St. Clairsville State OH Zip Code 43950

Purpose of Disbursement  
2010 Primary

Candidate Name  
Charles A. Wilson, Jr.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: afac8867a1968518481

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Dan Maffei	<b>Transaction ID:</b> d008038ed93122a498e <b>Date of Disbursement</b>																				
Mailing Address PO Box 74	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Syracuse State NY Zip Code 13214	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Candidate Name Daniel Benjamin Maffei	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jim Oberstar	<b>Transaction ID:</b> f9bbff6331e2190e588 <b>Date of Disbursement</b>																				
Mailing Address 1017 8th St NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Candidate Name James L. Oberstar	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee	<b>Transaction ID:</b> 4ea143e124b7c5a45b6 <b>Date of Disbursement</b>																				
Mailing Address 831 Linwood Court Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Birmingham State AL Zip Code 35222	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2009 Contribution Candidate Name Growth and Prosperity Political Action Committee	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">8000.00</td> </tr> </table>	8000.00																			
8000.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hoyer for Congress	<b>Transaction ID:</b> 8349aa1b90ab303d35e <b>Date of Disbursement</b>																				
Mailing Address 4201 Northview Dr, Ste 307	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	9
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0	3		1	7		2	0	0	9												
City State Zip Code Bowie MD 20716	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Steny H. Hoyer	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kosmas for Congress	<b>Transaction ID:</b> 6e05472d8318783b756 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1547	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	0	9												
City State Zip Code New Smyrna Beach FL 32170	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Suzanne M. Kosmas	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Majority Committee Pac--Mc Pac	<b>Transaction ID:</b> 37d83fe795e18bacf5a <b>Date of Disbursement</b>																				
Mailing Address PO Box 10134	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	0	9												
City State Zip Code Bakersfield CA 93389	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2009 Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Majority Committee Pac--Mc Pac	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Maloney for Congress	<b>Transaction ID:</b> 6d042d5a0e6db44977c <b>Date of Disbursement</b>																				
Mailing Address 49 East 92nd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City New York State NY Zip Code 10128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Candidate Name Carolyn B. Maloney	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Pence Committee	<b>Transaction ID:</b> fc3f75e9b9808ffb04c <b>Date of Disbursement</b>																				
Mailing Address PO Box 408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Anderson State IN Zip Code 46015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Candidate Name Mike Pence	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011																					
<b>C.</b> Full Name (Last, First, Middle Initial) Moore for Congress	<b>Transaction ID:</b> d23e4c4046f027232aa <b>Date of Disbursement</b>																				
Mailing Address PO Box 14631	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	0	9												
City Shawnee Mission State KS Zip Code 66285	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Candidate Name Dennis Moore	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011																					

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<b>A.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee	<b>Transaction ID:</b> 07ed1959a28a53bccaa <b>Date of Disbursement</b>																				
Mailing Address 320 First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	0	9												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name National Republican Congressional Committee	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski	<b>Transaction ID:</b> 2c72a32c7fe99a680be <b>Date of Disbursement</b>																				
Mailing Address 103 South Hanover Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Paul E. Kanjorski	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Peters for Congress	<b>Transaction ID:</b> 1e21d51bf83c9bc6e4b <b>Date of Disbursement</b>																				
Mailing Address PO Box 226	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City Bloomfield Hills State MI Zip Code 48303	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Gary C. Peters	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

17000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 PO Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Paul Ryan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	<b>Transaction ID:</b> fe957ffedc4520cb19e <b>Date of Disbursement</b> <div> <div>03</div> <div>17</div> <div>2009</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Garrett for Congress <hr/> Mailing Address PO Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement 2010 Primary Candidate Name E. Scott Garrett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 05	<b>Transaction ID:</b> bd1ba69a2fa7554a2ef <b>Date of Disbursement</b> <div> <div>03</div> <div>31</div> <div>2009</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Tedisco for Congress Inc <hr/> Mailing Address 1707 Rt 9 <hr/> City Clifton Park State NY Zip Code 12065 <hr/> Purpose of Disbursement 2009 Special NY-20 Candidate Name James N. Tedisco <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: NY District: 20 Special	<b>Transaction ID:</b> c68b8676d09730ae882 <b>Date of Disbursement</b> <div> <div>03</div> <div>17</div> <div>2009</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.** Full Name (Last, First, Middle Initial)  
Wally Herger for Congress Committee

Mailing Address PO Box 1500

City  
Chico

State  
CA

Zip Code  
95927

Purpose of Disbursement  
2010 Primary

Candidate Name  
Walter Herger, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA

District: 02

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: ea71ecdb2cc1e0ce2a0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

59500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)

NAMIC Advocacy Fund

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement  
Transfer of 3/13/09 Humboldt PAC Contribution to Advocacy Fund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V78179b59a7c6af6e25c

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Tukel

Mailing Address 4000 Town Ctr  
Ste 1250

City Southfield State MI Zip Code 48075-1407

Purpose of Disbursement

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28759843320c1983dfa

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

1100.00

Image# 29992057206

Form/Schedule: **F3X**

Transaction ID:

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